

INSTRUCTIONS for Public Services

INSTRUCTIONS FOR COMPLETING ACTIVITY FORMS

Note: If more than one program is being proposed, then submit a separate Activity Form for each program.

A. ACTIVITY DESCRIPTION:

1. Use of CDBG funds:

Indicate what CDBG funds will be used for in implementation of the public service.

Note: Please see the NOFA for detailed description of how CDBG funds can be used and any limitations.

a. Enter the dollar amount for this specific Public Services activity.

2. Program description and environmental clearance information:

a. Provide a brief description about the project and the services provided. Give information about the use of CDBG funds, the total program costs, the total number of beneficiaries, and a breakdown of TIG and LTIG beneficiaries. As relevant, provide information on the number of staff, the services they will be providing, their time base (full/part-time) and pay rate, including benefits, and the duration of time involved for the entire activity.

If you are proposing a combination activity, explain all aspects of these activities. If the project involves activities that will involve various user groups, describe the uses of the building/facility and include estimates for percentages of time projected for use by each user group.

Example 1--County of ABC will use \$45,000 in CDBG funds to purchase a van and pay fuel costs and the salary of a driver who will transport children of the Jonesville Migrant Housing Center to free health, vision, and hearing screening at the clinic in Smithville. A clinic nurse, who will visit the center twice a week, will schedule appointments. The approximate cost of the van is \$30,000 and the salary of the driver is \$8 per hour. (10 hours per week, 24 weeks in a season, multiplied by two seasons). Fuel is expected to cost approximately \$1,000 for the two growing seasons.

INSTRUCTIONS for Public Services

Example 2--The City of XYZ will use \$175,000 of the grant request to provide the salary and benefits to one full-time caseworker (40 hours per week) and one part-time caseworker (20 hours per week). These staff will provide counseling and outreach to battered spouses for the 30 months of the standard agreement. Full time caseworker salary is \$45,000 per year plus benefits.

- b. Environmental Clearance.

Describe the actual (if known) or estimated level of National Environmental Policy Act (NEPA) environmental clearance. Scheduling and budgeting should allow for sufficient time and funds to complete environmental clearances prior to commencement of activities.

B. NEED FOR ACTIVITY:

1. **Serious Problem Description:**

Be as specific as possible; quantify wherever possible to document the scope, magnitude, duration, and impacts of the problem.

Documentation:

Enter the type of documentation that is being provided to demonstrate the severity of the problem on the ***Problem & Service Provider Documentation Chart***.

2. **Solving the Problem:**

Describe how and to what extent the proposed activity will solve the problem. **Attach copies** of relevant documentation. **Highlight** relevant passages. The most effective methods of documentation include:

- a. surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.
- b. surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
- c. letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.

INSTRUCTIONS for Public Services

Applications submitted for Public Services addressing serious problems should include strong documentation in the form of a needs analysis, user/beneficiary survey, and letters from local agencies. The most competitive applications will address and document **a serious threat to the health, safety or well-being of the proposed beneficiaries.**

3. **Commitment from Service Providers.** Complete the ***Problem & Service Provider Documentation Chart***. Indicate the service(s) committed to by funding or provider source, and attach documentation.

4. **Documentation of NEED for NEW Services:**

- a. Check how the NEED is documented.
- b. Check appropriate box and provide information, if applicable.
- c. Check appropriate box, and if yes, provide explanation.

OR

5. **Documentation of NEED for EXISTING Services.**

- a. Check the appropriate box.
- b. Identify date funds will end.
- c. Provide a brief explanation and attach any current financial statements.
- d. Indicate how the NEED was determined.
- e. Check the appropriate box.
- f. Check the appropriate box, and if yes, provide explanation.

6. **A Completed Problem and Service Provider Documentation Chart**

C. TARGETED INCOME GROUP BENEFIT

If the applicant does not provide information, the Department will assign points based on the percentage of families in the jurisdiction that are TIG. **Activities with 90% TIG benefit will result in full points in the Benefit category.**

Income restriction: applicants should demonstrate there is an explicit limitation, based on income, for who is eligible to benefit from the project. (Note: Charging a fee to non-TIG project beneficiaries does not exclude them from being considered CDBG beneficiaries.)

Limited Clientele: for the purposes of assigning a benefit score, absent evidence to the contrary, 100% TIG benefit will be presumed for activities that exclusively serve a group of persons in any one or a combination of the following categories: abused children, battered spouses, adults meeting the Bureau of the Census' Current Population Report's definition of "severely disabled," homeless persons, illiterate adults, persons living with AIDs, and migrant farm workers.

INSTRUCTIONS for Public Services

Income survey: for Public Services activities in which services will be provided to specific client groups not listed in the limited clientele paragraph above (for example, senior citizens, farm workers, single mothers) applicants should conduct a survey of existing and/or potential beneficiaries. Please refer to Appendices for guidance on survey methodology.

NOTE: For Public Services, activities in which services or activities are open to all residents of the area, an income survey of the actual users of the facility may only be done if at least 51% of the residents of the area are TIG.

Other: Explain any other source that was used, e.g., waiting lists.

D. PROGRAM READINESS

Of the 150 points available for capacity, your application may be awarded up to 50 of these points if documented actions are provided to show the proposed program is ready to proceed. These actions must be directly related to the activity. They may include the completion of the special condition and environmental review requirements, securing site control, securing financing for the entire project, or anything that would enable the applicant to be ready to proceed.

A list of acceptable Examples of such actions and the documentation to be submitted for each is in the Program Readiness Chart.

A. ACTIVITY DESCRIPTION:

1. **Use of Funds:** Please indicate the proposed uses of the requested CDBG funds (for this activity). (***Please see the NOFA for detailed description and limitations of these eligible uses.***)

_____ Salary

_____ Other: (describe) - _____

- a. What is the dollar amount of CDBG funds that are proposed for this specific Public Services activity?

\$ _____

2. **Description of Program:**

- a. Please provide a brief description of the service(s) to be provided. *Check the appropriate type of service.*

_____ NEW Service. (Complete Section #4 – Documentation of Need for New Services.)

_____ EXISTING Service. (Complete Section #5 – Documentation of Need for Existing Services.)

- b. Environmental Clearance. See Instructions.

B. NEED FOR ACTIVITY:

1. Describe the Problem If Service Not Provided or Expanded:

If this service is not available and/or increased.

(Be sure to complete the ***Problem & Service Provider Documentation Chart*** and attach appropriate documentation.)

2. Solving the Problem:

Explain how and to what extent the proposed activity will solve the problem.

(Quantify current and proposed levels of service showing clearly the impact of providing CDBG funding. For example, providing 30 persons with job training.)

Include in your description:

- a. surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.
- b. surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
- c. letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.

3. **Commitments from Service Providers:**

Complete the attached ***Problem & Service Provider Documentation Chart***.

Do you have commitments from service providers?

____ Yes. Include them on the chart.

____ No.

- Be sure to attach all documentation that you identify.
- All documentation must be on service provider letterhead and must be specific as to what services are being committed.

4. **DOCUMENTATION OF NEED for NEW Services.** If multiple services are proposed, you must complete one set of Public Services Activity Forms for each service. (*See instructions for clarification.*)

a. How was the need documented?

• **Surveys of:**

____ **INTENDED** Beneficiaries

Number of INTENDED Beneficiaries: _____

____ per Day ____ per Week ____ per Month

Number of Beneficiaries Turned Away: _____

____ per Day ____ per Week ____ per Month

• **Other:**

____ Letters from Non-Profit Organization(s)

____ Newspaper Articles regarding the need for the service.

____ Third party letters describing the direct health and safety impact.

b. Is there a nearby facility providing the proposed service now?

_____ No. (Go to **c.** on next page)

_____ Yes. (Continue with the following questions.)

- Where is the facility located?

- Are there any special impediments for TIG households to access the service where it is located now?

_____ No. (Go to **c.** on next page)

_____ Yes. (Continue with the following questions.)

- ❖ What are the impediments? *Check all that apply **and** describe each one.*

_____ Transportation

_____ ADA

_____ Other:

❖ Is there an unmet demand?

_____ No. (Go to **c.** on next page)

_____ Yes. Describe the unmet demand.

Unmet Demand:

Number Currently Served: _____

_____ per Day _____ per Week _____ per Month

Number of persons on Waiting List: _____

c. Is this an ADA accessibility issue?

_____ No.

_____ Yes.

If yes, what alternatives did you consider and why was this alternative the best solution?

5. DOCUMENTATION OF NEED for EXISTING Services to be continued or increased.

If multiple services are proposed, you must complete one set of Public Services Activity Forms for each service. *(See instructions for clarification.)*

a. The proposed service is:

_____ An Existing service to be CONTINUED.

_____ An Existing service to be INCREASED.

b. For existing services to be CONTINUED, what is the **date** that all existing funding will end:

Identify the date: _____

c. For increased services, provide a brief explanation of the costs to provide the existing level of services and the costs for the increased level of services. Also, be sure to attach any current financial statements.

d. How was the **NEED** determined?

Survey of:

_____ **INTENDED** Beneficiaries

Number of INTENDED Beneficiaries: _____

_____ per Day _____ per Week _____ per Month

Unmet Demand:

_____ **EXISTING** Beneficiaries

Number of EXISTING Beneficiaries: _____

_____ per Day _____ per Week _____ per Month

Number of Beneficiaries Turned Away: _____

_____ per Day _____ per Week _____ per Month

Public Services

Number of persons on a Waiting List: _____

- **Other:**

- _____ Letters from Non-Profit Organization(s)
- _____ Newspaper Articles regarding the need for the service.
- _____ Third party letters describing the direct health and safety impact.

e. Are there any special impediments for TIG households to access the service where it is located now?

- _____ No.
- _____ Yes. (Continue with the following questions.)

❖ What are the impediments? *Check all that apply **and** describe each one.*

_____ Transportation

_____ ADA

_____ Other:

f. Is this an ADA accessibility issue?

_____ No.

_____ Yes.

If yes, what alternatives did you consider and why was this alternative the best solution?

Public Services

6. PROBLEM AND SERVICE PROVIDER DOCUMENTATION CHART			
SOURCE	TYPE OF DOCUMENTATION (letter, reso., surveys, newspaper clipping, report, etc.)	Documentation to support PROBLEM and/or COMMITMENT TO PROVIDE SERVICES	Page # (in app.)
Dept. of Health Services		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
County Health Department		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Fire Department		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Law Enforcement Agency		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Dept. of Social Services		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Board of Supervisors		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Newspaper		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	

C. TARGETED INCOME GROUP (TIG) BENEFIT

1. For this activity, what is the TIG percentage and how was the TIG percentage determined?

TIG Percentage: _____%

_____ Income Restriction = 100% TIG

_____ Limited Clientele: (List): _____

_____ Other: Explain: _____

_____ Income Survey of EXISTING beneficiaries: (attach survey & results)

TIG Percentage: _____%

Survey Date:	
Total # of existing beneficiaries:	
Households or persons?	
How many were surveyed?	
Total number of responses:	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

_____ Income Survey of POTENTIAL beneficiaries: (attach survey & results)

TIG Percentage: _____%

Survey Date:	
Total # of potential beneficiaries:	
Households or persons?	
How many were surveyed?	
Total number of responses:	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

Public Services

D. READINESS TO PROCEED:

See Instructions for details of how to complete and provide proper documentation. No partial points will be given. If all readiness documents are not submitted and completed properly then no points will be awarded in the category.

PROGRAM OPERATOR	INDICATE "Yes" OR "No"	DOCUMENTATION Submitted	PAGE NO.
In-House Administration			
Sub-recipient Agreement			
Consultant Hired			

ENVIRONMENTAL	INDICATE "Yes" OR "No"	DOCUMENTATION Submitted	PAGE NO.
Complete Environmental Review Record (EER)			
Environmental Finding Form			
Form 58.6			

SPECIAL CONDITIONS	INDICATE "Yes" OR "No"	DOCUMENTATION Submitted	PAGE NO.
PI Reuse Plan Approved			

READINESS	INDICATE "Yes" OR "No"	DOCUMENTATION Submitted	PAGE NO.
Waiting List – Eligible Participants or Demand			
New program with hired staff and ready to start operations			
Existing program in process now			